

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM FD-503)

SERIAL NO. 09/578,387
APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.	4		4			
TOTAL DEF.	6		3			
TOTAL	10		7			

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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